## S

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summan	nedule(s) y of the	FOR LINE NUMBER: (check only one)    X   17
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$\rangle$	NAME OF COMMITTEE (In Full)  Valadao for Congress			
۸.	Full Name (Last, First, Middle Initial)  Shepherd's Inn  Mailing Address 935 Santa Fe Ave			Date of Disbursement  12 23 2014
	City State Fresno CA  Purpose of Disbursement Staff Event	Zip Code 93721	001	Amount of Each Disbursement this Period
	Candidate Name  Office Sought: House Disbursement For Senate Primary		Category/ Type	Transaction ID : EDTB19EXPB11622  [MEMO ITEM]
	State: District:  Full Name (Last, First, Middle Initial)			
3.	Valley Impact Strategies  Mailing Address PO Box 2280			Date of Disbursement  M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
	City State Clovis CA  Purpose of Disbursement Campaign manager consulting	Zip Code 93613	001	Amount of Each Disbursement this Period  2500.00
	Candidate Name  Office Sought: House Disbursement For	<del>.</del>	Category/ Type	
	Senate Primary	General specify) 2016		
).	Full Name (Last, First, Middle Initial)  Valley Impact Strategies  Mailing Address PO Box 2280			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity State Zip Code clovis CA 93613 urpose of Disbursement Campaign manager consulting		001	Amount of Each Disbursement this Period  1975.46
			Category/ Type	Transaction ID : EXPB11788
State: District:  SUBTOTAL of Disbursements This Page (optional)				
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TOTAL This Period (last page this line number only).....